



Tennessee Department of Health JOINT ANNUAL REPORT OF NURSING HOMES 2005

Schedule A - Identification

According to the Department of Health rules and regulations section 1200-8-6-.11(4), "a yearly statistical report, the 'Joint Annual Report of Nursing Homes', shall be submitted to the Department." Report data for your fiscal year ending during the calendar year 2005. Please read all information carefully before completing your Joint Annual Report. Please complete all applicable items on the Joint Annual Report. Check all computations, especially where a total is required. Please check all checkboxes. Any items which appear to be inconsistent will be queried. Facilities will be reported to the Board of Licensure for both failure to file forms and submission of incomplete forms. A section for comments relating to the unique aspect of your facility is available at the end of each schedule.

Facility	State ID:				
	Nursing Home Name:				
	<input type="radio"/> Yes <input type="radio"/> No	Did the facility name change during the reporting period?			
	Prior Facility Name:				
	Street Address:				
	Mailing Address:				
	City:		County:		
	State:	TN	Zip Code:		
	Area Code:		Phone:		
Preparer	Preparer Name:			Preparer Phone:	
	Preparer Title:			Preparer Email:	
Reporting Period	In the event that a reporting period other than 01/01/2005 through 12/31/2005 is used for statistical information please report data for the last day of your reporting period when information is requested for 12/31/2005. If you are reporting for less than 365 days, utilization and financial data should be presented for days reported only.				
	<input type="radio"/> Yes <input type="radio"/> No	Is the reporting period from 01/01/2005 through 12/31/2005?			
	If no, the different reporting period is (Enter dates even if less than 12 months.)	Beginning Reporting Period Different from Calendar Year:			
		Ending Reporting Period Different from Calendar Year:			
Administration	TCA 63-16-111 (b) No nursing home in the state may operate unless it is under the supervision of an administrator who holds a currently valid nursing home administrator license and registration, or provisional license issued pursuant to this chapter.				
	Name of Administrator:		Administrator License:		
	<input type="radio"/> Yes <input type="radio"/> No	I, the administrator, declare that I have examined this report and to the best of my knowledge and belief, it is true, correct, and complete.			
Administration		Date of Administrator's signature.			
	<input type="radio"/> Yes <input type="radio"/> No	Do you have a medical director?			
	Name of Medical Director:				

Schedule B - Organization Structure

Owner	Name:			
	Street			
	City:		Phone:	
	State:		Zip Code:	
	Type	The type of legal entity, except proprietorship, general partnerships and government entities, can be confirmed at the Secretary of State web site: http://www.tennesseeanytime.org/soscorp/		

Owner	Type	<input type="radio"/> For-Profit	<input type="radio"/> Proprietorship - a business owned by one person. <input type="radio"/> Partnership - an association of two or more persons to carry on as co-owners of a business or other undertaking for profit formed under § 61-1-202, predecessor law, or comparable law of another jurisdiction. TCA Title 61 Chapter 1. <input type="radio"/> Limited Partnership (LP) - a partnership formed by two or more persons under the laws of the state of Tennessee, and having one or more general partners and one or more limited partners. TCA Title 61 Chapter 2. <input type="radio"/> Limited Liability Partnership (LLP) - is governed by TCA § 61-1-106 (c). The law of this state governs relations among the partners and between the partners and the partnership and the liability of partners for an obligation of a limited liability partnership that has filed an application as a limited liability partnership in this state. <input type="radio"/> Limited Liability Company (LLC) - established by the "The Tennessee Limited Liability Company Act" found in the Tennessee Code Annotated, § 48-201-101 through § 48-248-606. <input type="radio"/> Corporation - defined by the Tennessee Business Corporation Act codified in TCA Title 48 Chapters 11-27.	
Owner	Type	<input type="radio"/> Not-For-Profit	<input type="radio"/> Religious Corporation or Association - either a corporation or association that is organized and operated primarily or exclusively for religious purposes. Most of the provisions of the Tennessee Nonprofit Corporation Act apply to a religious corporation. Exceptions are specified in TCA § 48-67- <input type="radio"/> Non-Religious Corporation or Association - defined by the "Tennessee Nonprofit Corporation Act" codified in TCA Title 48 Chapters 51-68. <input type="radio"/> Limited Liability Company (LLC) - a company that is disregarded as an entity for federal income tax purposes, and whose sole member is a nonprofit corporation, foreign or domestic, incorporated under or subject to the provisions of the Tennessee Nonprofit Corporation Act and who is exempt from franchise and excise tax as not-for-profit as defined in TCA § 67-4-1004(15).	
		<input type="radio"/> Govern-ment	<input type="radio"/> City <input type="radio"/> County <input type="radio"/> State <input type="radio"/> Federal <input type="radio"/> Other Government	
		Specify Other Government Type		
Managed By	<input type="radio"/> Owner <input type="radio"/> Contract with Firm <input type="radio"/> Other			
		Name:		
		Street:		
		City:	Phone:	
		State:	Zip Code:	
Building Owner	Name:			
	Street:			
	City:	Phone:		
	State:	Zip Code:		
Building	<input type="radio"/> Yes <input type="radio"/> No	Do you know the year of the original construction date?	Year:	
	<input type="radio"/> Yes <input type="radio"/> No	Has the building had a major renovation? A major renovation is any project that includes the addition of beds, services, or medical equipment.	Year:	
	<input type="radio"/> Yes <input type="radio"/> No	Has there been new construction that increased licensed bed count?	Year:	
		Cost:		
Organization Structure	<input type="radio"/> Yes <input type="radio"/> No	Hospital Based	Name:	
			Street:	
			City:	
			State:	Zip Code:
	<input type="radio"/> Yes <input type="radio"/> No	Chain	Name:	
			Street:	
			City:	

Organization Structure		Chain	State:		Zip Code:	
	<input type="radio"/> Yes <input type="radio"/> No	Holding Company / Parent Corporation	Name:			
	Street:					
	City:					
	State:			Zip Code:		

Schedule C - Licensure, Accreditations, and Memberships

Licensure	License Number for 2005	00000001			
	Most recent survey date:				
Accreditation	<input type="radio"/> Yes <input type="radio"/> No	Joint Commission on Accreditation of Healthcare Organizations	Approval Date:		
	<input type="radio"/> Yes <input type="radio"/> No	Other Accreditation	Specify:		
Membership	<input type="radio"/> Yes <input type="radio"/> No	National Hospice Organization			
	<input type="radio"/> Yes <input type="radio"/> No	Tennessee Association for Home Care			
	<input type="radio"/> Yes <input type="radio"/> No	Tennessee Association of Homes & Services for the Aging			
	<input type="radio"/> Yes <input type="radio"/> No	Tennessee Health Care Association			
	<input type="radio"/> Yes <input type="radio"/> No	Tennessee Hospice Organization			
	<input type="radio"/> Yes <input type="radio"/> No	THA Home Care Alliance			
	<input type="radio"/> Yes <input type="radio"/> No	Other Memberships	Specify:		

Schedule D - Facilities and Services - Part 1

Services	<input type="radio"/> Yes <input type="radio"/> No	Do you have an approved, but not completed, Certificate of Need?	
	If yes, please specify:		
	<p>The record (row) buttons below control only 'Date of Approval', 'Name of Service or Activity', and 'Number of Beds' fields. 'Date of Approval' and 'Name of Service or Activity' must be entered before going to the next blank row (record) or any other field. Enter as many rows as needed. To delete a record the 'Date of Approval' and 'Name of Service or Activity' fields must contain data, click arrow at the beginning of the row and press the delete key on the keyboard.</p>		
	Date of Approval:	Name of Service or Activity:	Number of Beds (if applicable):
	<p>Indicate 'Yes' for the services that the facility provides or makes available. The services to be provided to these persons may include case management, personal care services, respite care services, adult day health services, homemaker/home health aide, habilitation, and other services requested by the State and approved by HCFA (CMS). (5)</p> <p>Levels of care (Level I and Level II): The intensity of care provided to nursing home patients depends on their medical needs. Most patients need a less intensive level of care that the Medicaid program calls Level I (formerly called intermediate care), while others need a more intensive level called Level II or skilled nursing care. The cost of Level II care is higher than that of Level I, both to private pay patients and to the Medicaid program. The Medicare program does not cover Level I care and covers skilled care only in certain circumstances and in certified facilities. (7)</p>		
<input type="radio"/> Yes <input type="radio"/> No	Continuing Care Retirement Community		
	Type	Number of Units	
	Independent Apartment Living:		
	Assisted Care Living:		
	Home for the Aged:		

Services	<input type="radio"/> Yes <input type="radio"/> No	Home Health Care Services Provided Home health services are usually furnished on a visiting basis in a place of residence used as the individual's home. However, outpatient services in a hospital, SNF, or rehabilitation center are covered home health services, if arranged for by a home health agency, when equipment is required that cannot be made available in the patient's home. (3)		
		Number of former nursing home residents discharged from this facility that received home health care services from this facility:		
		Number of individuals who were not former nursing home residents from this facility who received home health care services from this facility:		
	<input type="radio"/> Yes <input type="radio"/> No	Home Health Care Services Referred Does the facility refer residents to a home health care agency at the time of discharge?		
		Number of former nursing home residents discharged from this facility that were referred to a home health care agency:		
	<input type="radio"/> Yes <input type="radio"/> No	Adult Day Care Adult Day Care has minimal medical and social supervision for the older person who has help at home during the evening, but whose family or spouse is employed during the day. Services can include general assistance with the needs of daily living, socialization and lunches. In some instances, restorative and therapeutic programs may be included.		
	<input type="radio"/> Yes <input type="radio"/> No	Outpatient / Rehabilitation Services Services that may be obtained at the facility without the need for an overnight stay. Examples of outpatient services include physicians' services; physical, occupational, and respiratory therapies as well as speech and pathology services; testing, fitting or training in the use of prosthetic and orthotic devices; social and psychological services; nursing care; drugs and biologicals that cannot be self-administered; and other items and services that are medically necessary for the rehabilitation of the patient. Nursing homes may provide one, some or all of these services. (1)		
	<input type="radio"/> Yes <input type="radio"/> No	Respite Care Services Respite care is when the resident's care program involves a short-term stay in the facility for the purpose of providing relief to a nursing facility-eligible resident's primary home based caregiver(s). Following this planned short stay, it is anticipated that the resident will return to his or her home in the community. (2)		
	<input type="radio"/> Yes <input type="radio"/> No	Case Management Services Services that assist individuals in obtaining home and community based services. Case managers develop an individual's plan of care and monitor the provision of services to that individual. (8)		
	<input type="radio"/> Yes <input type="radio"/> No	Homemaker Services Homemaker service is assistance with general household activities and ongoing monitoring of the well being of the individual. (6)		
	<input type="radio"/> Yes <input type="radio"/> No	Personal Care Services Personal care service is direct supervision and assistance in daily living skills and activities (e.g., assisting the individual in bathing and grooming). (6)		
	<input type="radio"/> Yes <input type="radio"/> No	Home Delivered Meals		
	<input type="radio"/> Yes <input type="radio"/> No	Transportation Services		
	<input type="radio"/> Yes <input type="radio"/> No	Licensed / Approved Specialized Unit for Alzheimer's Patients	Number of Beds:	
		Structurally distinct parts of a nursing home designated as special care units for ambulatory residents with dementia or Alzheimer's Disease and related disorders. (9)		
	<input type="radio"/> Yes <input type="radio"/> No	Specialized Programs for Alzheimer's Patients		
	<input type="radio"/> Yes <input type="radio"/> No	Secured Unit	Number of Beds:	
		A facility or distinct part of a facility where residents are intentionally denied egress by any means. (10)		
	<input type="radio"/> Yes <input type="radio"/> No	Behavioral Health Unit	Number of Beds:	
		Structurally distinct parts of a nursing home designated as special care units for patients with dementia, cognitive disorders, psychiatric disorders, post-traumatic stress disorders, mania, schizophrenia, major depression, and mood disorders. (11)		
<input type="radio"/> Yes <input type="radio"/> No	Alcohol / Drug Treatment Program	Number of Beds:		
	An alcohol/drug treatment program is a comprehensive interdisciplinary program within an entire or contiguous unit, wing, or floor where interventions are designed specifically for the treatment of alcohol or drug addictions. (2)			
<input type="radio"/> Yes <input type="radio"/> No	Hospice Care Hospice care is a program where the resident is identified as being in a program for terminally ill persons where services are necessary for the palliation and management of terminal illness and related conditions. (2)			

Services	<input type="radio"/> Yes <input type="radio"/> No	Pediatric Unit A pediatric unit is any identifiable part of the nursing facility, such as an entire or contiguous unit or wing where staffing patterns and resident care interventions are designed specifically for persons aged 22 or younger. (2)
	<input type="radio"/> Yes <input type="radio"/> No	Training in Skills Required to Return to the Community The resident is regularly involved in individual or group activities with a licensed skilled professional to attain goals necessary for community living (e.g., medication management, housework, shopping, using transportation, activities of daily living). May include training family or other caregivers. (2)

Schedule D - Facilities & Services - Part 2

Skilled Care Procedures	Special Treatments	<input type="radio"/> Yes <input type="radio"/> No	Chemotherapy Chemotherapy includes any type of anticancer drug given by any route. (2)
		<input type="radio"/> Yes <input type="radio"/> No	Dialysis Dialysis includes peritoneal or renal dialysis that occurs at the nursing facility or at another facility. (2)
		<input type="radio"/> Yes <input type="radio"/> No	IV Medication IV medication includes any drug or biological given by intravenous push or drip through a central or peripheral port. (2)
		<input type="radio"/> Yes <input type="radio"/> No	Intake / Output The measurement and evaluation of all fluids the resident received and/or excreted for at least three consecutive shifts. (2)
		<input type="radio"/> Yes <input type="radio"/> No	Ostomy Care Ostomy care refers only to care that requires nursing assistance. Includes both ostomies used for intake and excretion. (2)
		<input type="radio"/> Yes <input type="radio"/> No	Oxygen Therapy Oxygen therapy includes continuous or intermittent oxygen via mask, cannula, etc. (does not include hyperbaric oxygen for wound therapy). (2)
		<input type="radio"/> Yes <input type="radio"/> No	Radiation Radiation includes radiation therapy or having a radiation implant. (2)
		<input type="radio"/> Yes <input type="radio"/> No	Suctioning Suctioning includes nasopharyngeal or tracheal aspiration only. (2)
		<input type="radio"/> Yes <input type="radio"/> No	Tracheotomy Care Tracheotomy care includes cleansing of tracheostomy and cannula. (2)
		<input type="radio"/> Yes <input type="radio"/> No	Transfusions Transfusions includes transfusions of blood or any blood products (e.g., platelets), which are administered directly into the bloodstream. Do not include transfusions that were administered during dialysis or chemotherapy. (2)
		<input type="radio"/> Yes <input type="radio"/> No	Ventilator / Respirator A ventilator or respirator assures adequate ventilation in residents who are, or who may become, unable to support their own respiration. (2)
		Indicate therapies that occurred after admission/readmission to the nursing facility, were ordered by a physician, and were performed by a qualified therapist (i.e., one who meets State credentialing requirement or in some instances, under such a person's direct supervision). Includes only medically necessary therapies furnished after admission to the nursing facility. Also includes only therapies ordered by a physician, based on a therapist's assessment and treatment plan that is documented in the resident's clinical record. The therapy treatment may occur either inside or outside the facility. For groups of four or fewer residents per supervising therapist (or assistant), each resident has received the full time in the therapy session. (2)	
		<input type="radio"/> Yes <input type="radio"/> No	Occupational Occupational therapy services are provided or directly supervised by a licensed occupational therapist. A qualified occupational therapy assistant may provide therapy but not supervise others (aides or volunteers) giving therapy. Include services provided by a qualified occupational therapy assistant who is employed by (or under contract to) the nursing facility only if he or she is under the direction of a licensed occupational therapist. (2)
<input type="radio"/> Yes <input type="radio"/> No	Physical Physical therapy services are provided or directly supervised by a licensed physical therapist. A qualified physical therapy assistant may provide therapy but not supervise others (aides or volunteers) giving therapy. Include service provided by a qualified physical therapy assistant who is employed by (or under contract to) the nursing facility only if he or she is under the direction of a licensed physical therapist. (2)		

Skilled Care Procedures	Special Treatments	<input type="radio"/> Yes <input type="radio"/> No	Respiratory Respiratory therapy services are provided by a qualified professional (respiratory therapist, trained nurse). A trained nurse refers to a nurse who received specific training on the administration of respiratory treatments and procedures. (2)		
	Therapies may have been provided at the facility during a previous work experience or as part of an academic program. Nurses do not necessarily learn these procedures as part of their formal nurse training programs. Included treatments are coughing, deep breathing, heated nebulizers, aerosol treatments, assessing breath sounds, and mechanical ventilation, etc., which must be provided by a qualified professional (i.e., trained nurse, respiratory therapist). It does not include hand held medication dispensers. Count only the time that the qualified professional spends with the resident. (2)				
	Therapies	<input type="radio"/> Yes <input type="radio"/> No	Psychological Psychological therapy is provided only by any licensed mental health professional, such as a psychiatrist, psychologist, psychiatric nurse, or psychiatric social worker. Psychiatric nurses usually have a Masters degree and/or certification from the American Nurses Association. Psychiatric technicians are not considered to be licensed mental health professionals and their services may not be counted in this item. If the state does not license a certain category of professionals working in your facility, you may not count the services of those unlicensed therapist in this item. (2)		
		<input type="radio"/> Yes <input type="radio"/> No	Speech Speech therapies are language pathology and audiology services that are provided by a licensed speech-language pathologist. (2)		
	Enterostomy Care	<input type="radio"/> Yes <input type="radio"/> No	Colostomy Irrigation Colostomy - the surgical creation of an opening between the colon and the surface of the body; also used to refer to the opening, or stoma, so created.		
		<input type="radio"/> Yes <input type="radio"/> No	Ileostomy Ileostomy - the surgical creation of an opening into the ileum, usually by establishing an ileal stoma on the abdominal wall.		
	Activities of Daily Living	Number of residents on 12/31/2005 (or last day of the reporting period) who received assistance with these activities of daily living. Residents will be duplicated and should be counted in every category that applies.			
		Bathing:		Toileting:	
		Dressing:		Eating:	
		Transferring:			
		Number of Residents on 12/31/2005 (or last day of the reporting period)			
		No ADL's:		One ADL:	
		Two ADL's:		Three ADL's:	
		Four ADL's:		Five ADL's:	
Medication	Number of Residents on 12/31/2005 (or last day of reporting period) that received medication(s). Include any of these medications given to the resident by any route in any setting (e.g., at the nursing facility, in a hospital emergency room). A list of commonly prescribed medications by category by brand is in Appendix A.				
	Antianxiety:		Antidepressants:		
	Antipsychotics:		Anxiolytics:		
	Diuretic:		Hypnotics:		
	Nine or More Medications:				
Immunization Activity	Number of residents given influenza vaccine by this facility or any other source during the 2005 calendar year:				
	Number given by this facility:		Number given by any other source:		
	Number of staff given influenza vaccine during the 2005 calendar year:				
	Number given by this facility:		Number given by any other source:		
	Number of new admissions without documentation of ever having pneumococcal vaccine:				
	Number of new admissions given pneumococcal vaccine during the 2005 calendar year:				
	Number given by this facility:		Number given by any other source:		
Mobility	Number of residents as of 12/31/2005 (or last day of the reporting period)				
	Bedfast:	Chairbound:	Ambulatory:		

Schedule E - Beds

Beds	Licensed	Type	Number of Beds on 12/31/2005 (or last day of the reporting period)		
		<input type="radio"/> Yes <input type="radio"/> No	Medicare Certified Only		
		<input type="radio"/> Yes <input type="radio"/> No	Medicaid / TennCare Certified Only:		
		<input type="radio"/> Yes <input type="radio"/> No	Medicare and Medicaid / TennCare Certified		
		<input type="radio"/> Yes <input type="radio"/> No	Non-Certified (licensed only) Beds:		
		Total Licensed Beds			
		Medicare Provider Number:			
		Medicaid / TennCare Provider Number Level II:			
		Medicaid / TennCare Provider Number Level I:			
		<input type="radio"/> Yes <input type="radio"/> No	Did you enter the Medicaid / TennCare program during this reporting period?		
		If Yes, give Medicaid approval date:			
		<input type="radio"/> Yes <input type="radio"/> No	Did you withdraw from the Medicaid / TennCare program during this reporting period?		
		Medicaid \ TennCare Withdrawal Date:			
		<input type="radio"/> Yes <input type="radio"/> No	Was there a change in licensed bed count for the reporting period?		
		Set Up and Staffed		Type	Number of Beds on 12/31/2005 (or last day of the reporting period)
				<input type="radio"/> Yes <input type="radio"/> No	Number of Beds in Private Rooms. A private room contains one bed per room.
<input type="radio"/> Yes <input type="radio"/> No	Number of Beds in Semi-Private Rooms. A semi-private room contains two beds per room.				
<input type="radio"/> Yes <input type="radio"/> No	Number of Beds in Wards. A ward contains three or more beds per room.				
Total Beds Set Up and Staffed:					
Opened and Discontinued	<input type="radio"/> Yes <input type="radio"/> No			Were there changes in the number of beds set up and staffed between 01/01/2005 and 12/31/2005 (or between first and last day of the reporting period)? If yes, complete the 'Opened' and/or 'Discontinued' and 'Date' fields below.	
	<p>The record (row) buttons below control only 'Beds Opened', 'Beds Discontinued', and 'Date' fields. If an amount is entered in 'Beds Opened' or 'Beds Discontinued' then a date must be entered before going to the next blank row (record) or any other field. Enter as many rows as needed. To delete a record the date field must contain data, click arrow at the beginning of the row and press the delete key on the keyboard.</p>				
	<div style="display: flex; justify-content: space-between;"> <div>Beds Opened</div> <div>Beds Discontinued</div> <div>Date</div> </div>				
	<div style="display: flex; justify-content: space-between;"> <div></div> <div></div> <div></div> </div>				

Schedule F-Utilization-Part 1

Admissions are the number of all residents admitted to the facility during the reporting period. Discharges include all residents discharged from the facility during the reporting period, including those who died during their stay. Transferring a resident from one level of care to another level of care within the facility is counted as a discharge and admission. Discharge resident days are the total number of resident days of care rendered to residents who were discharged or died during the reporting period. This figure should include days of care rendered to those residents admitted prior to the beginning of the reporting period. For example a resident admitted on 01/1/04 and discharged on 06/30/05 would produce 546 resident days.

Level of Care in the Facility	Level	Admissions	Discharges (including deaths)	Deaths	Discharge Resident Days (including deaths)
	Level II/Skilled care				
	Level I / Intermediate Care				

Total						
Source of Admissions	From		Number			
	Home (private residence):					
	Any house, condominium, or apartment in the community whether owned by the resident or another person. Also included in this category are retirement communities, and independent housing for the elderly. (2)					
	Private Home with Home Health Services:					
	Includes skilled nursing, therapy (e.g., physical, occupational, speech), nutritional, medical, psychiatric and home health aide services delivered in the home. Does not include the following services unless provided in conjunction with the services previously named: homemaker/personal care services, home delivered meals, telephone reassurance, transportation, respite services or adult day care. (2)					
	Home for the Aged:					
	Assisted Care Living Facility:					
	A non-institutional community residential setting that includes services of the following types: home health services, homemaker/personal care services, or meal services. (2)					
	Other Nursing Home:					
	An institution (or a distinct part of an institution) that is primarily engaged in providing skilled nursing care and related services for residents who require medical or nursing care, or rehabilitation services for injured, disabled or sick persons. (2)					
	Hospital:					
	Includes acute care hospitals, psychiatric hospitals, MR/DD facilities, and rehabilitation hospitals. An acute care hospital that is an institution that is engaged in providing, by or under the supervision of physicians for inpatients, diagnostic services, therapeutic services for medical diagnosis, and the treatment and care of injured, disabled or sick persons. A psychiatric hospital is an institution that is engaged in providing, by or under the supervision of a physician, psychiatric services for the diagnosis and treatment of mentally ill patients. An MR/DD facility is an institution that is engaged in providing, under the supervision of a physician, any health and rehabilitative services for individuals who are mentally retarded or who have developmental disabilities. An Inpatient Rehabilitations Hospital (IRF) that is engaged in providing, under the supervision of physicians, rehabilitation services for the rehabilitation of injured, disabled or sick persons. (2)					
	Transfers Within Facility	To Medicaid/TennCare Level I from Medicaid/TennCare Level II:				
		To Medicaid/TennCare Level I from Medicare SNF:				
		To Medicaid/TennCare Level II from TennCare Level I:				
To Medicaid/TennCare Level II from Medicare SNF:						
To Medicare SNF from Medicaid/TennCare Level I:						
To Medicare SNF from Medicaid/TennCare Level II:						
Other (please specify):						
Source of Admissions Total:						
Discharge Destination (do not include deaths)	To		Number			
	Home (private residence):					
	Private Home with Home Health Services from Other Source:					
	Private Home with Home Health Services from this Facility:					
	Home for the Aged:					
	Assisted Care Living Facility:					
	Other Nursing Home:					
	Hospital (bed held for return):					
	Hospital (did not return):					
	Residential Hospice:					
Discharge Destination (do not include deaths)	Transfers Within Facility	To Medicaid/TennCare Level I from Medicaid/TennCare Level II:				
		To Medicaid/TennCare Level I from Medicare SNF:				
		To Medicaid/TennCare Level II from TennCare Level I:				
		To Medicaid/TennCare Level II from Medicare SNF:				

Discharge Destination (do not include deaths)	Transfers Within Facility	To Medicare SNF from Medicaid/TennCare Level I:	
		To Medicare SNF from Medicaid/TennCare Level II:	
	Other (please specify):		
	Discharge Destination Total:		

Schedule F-Utilization-Part 2

Resident Days of Care
A resident day of care, also commonly referred to as an inpatient day, patient day, census day, or an occupied bed day, is a period of service between the census-taking hours on two successive calendar days, the day of discharge being counted only when the resident was admitted the same day. Report resident days of care for the reporting period and according to the primary payment source. Include Medicare/TennCare dually entitled residents in Medicare SNF.
(Rule 1240-3-1-.02) July, 1997 (Revised) 2 (f) Level I care is health care in a nursing facility, which is more than room and board, but is less than skilled nursing care (Level I care was formerly called I.C.F. - Intermediate Care Facility). (m) Level II care is health care in a nursing facility which is a higher level of care than Level I, but less than inpatient hospitalization. (Level II care was formerly called Skilled Nursing Care.)

Payer Source	Level I Care / Intermediate Care	Level II Care / Skilled Nursing Care	Total
Medicare:			
Medicaid/TennCare:			
Private:			
VA Contract:			
Long-Term Care Insurance:			
Other:			
Total :			

Age, Race and Sex on 12/31/ 2005 (or last day of the reporting period)	Do not enter zero. Blank fields will represent zero residents. Entering zero increases file size.								
		White		Black		Other		Total	
	Years	Male	Female	Male	Female	Male	Female	Male	Female
	Under 21								
	21 - 59								
	60 - 64								
	65 - 69								
	70 - 74								
	75 - 79								
	80 - 84								
	85 - 89								
	90 - 94								
	95 - 99								
	100 & Over								
	Total								

Total Male and Female	
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Number of residents on 12/31/2005 (or last day of reporting period) with a diagnosis of mental illness:	
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Number of residents on 12/31/2005 (or last day of reporting period) with a diagnosis of mental retardation:	
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Length of Stay	Enter the number of residents whose length of stay correspond to the following categories and were not discharged as of 12/31/2005 (or last day of reporting period).	Number of Residents
	Less Than 100 Days:	
	100 Days to 180 Days:	
	181 Days to 364 Days:	
	1 Year to Less Than 2 Years:	
	2 Years to Less Than 3 Years:	
	3 Years to Less Than 4 Years:	
	4 or More Years:	

		Total:														
Patient Origin - Tenn Counties	Please enter the number of residents from each county who received services on 12/31/2005 (or last day of reporting period).															
	Do not enter zero. Blank fields will represent zero residents. Entering zero increases file size.															
	County		Number of Residents		County		Number of Residents		County		Number of Residents					
	01	Anderson			25	Fentress			49	Lauderdale						
	02	Bedford			26	Franklin			50	Lawrence						
	03	Benton			27	Gibson			51	Lewis						
	04	Bledsoe			28	Giles			52	Lincoln						
	05	Blount			29	Grainger			53	Loudon						
	06	Bradley			30	Greene			54	McMinn						
	07	Campbell			31	Grundy			55	McNairy						
	08	Cannon			32	Hamblen			56	Macon						
	09	Carroll			33	Hamilton			57	Madison						
	10	Carter			34	Hancock			58	Marion						
	11	Cheatham			35	Hardeman			59	Marshall						
	12	Chester			36	Hardin			60	Maurry						
	13	Claiborne			37	Hawkins			61	Meigs						
	14	Clay			38	Haywood			62	Monroe						
	15	Cocke			39	Henderson			63	Montgomery						
	16	Coffee			40	Henry			64	Moore						
	17	Crockett			41	Hickman			65	Morgan						
	18	Cumberland			42	Houston			66	Obion						
	19	Davidson			43	Humphreys			67	Overton						
	20	Decatur			44	Jackson			68	Perry						
	21	Dekalb			45	Jefferson			69	Pickett						
	22	Dickson			46	Johnson			70	Polk						
	23	Dyer			47	Knox			71	Putnam						
	24	Fayette			48	Lake			72	Rhea						
Total Tennessee Residents:																
Patient Origin - Non Tenn	Please enter the number of non-Tennessee residents who received services on 12/31/2005 (or last day of reporting period).															
	01	Alabama			11	Georgia			25	Mississippi			34	North Carolina		
	04	Arkansas			18	Kentucky			26	Missouri			47	Virginia		
	55	Other State or Country														
	Total Non-Tennessee Residents:															
Total Residents:																
Schedule G-Personnel																
Type of Employee Service	Please indicate the number of personnel as of September 30. Do not include a type of employee for which you do not provide that type of service. For example, do not include Physical Therapists unless you provide Physical Therapy services. If you have additional types of employees that are not listed in the following table, please include them in either the 'Other Health' or 'Other Non-Health' categories as applicable. For example, you may list Non-Certified Nurse Aides in the 'Other Health' category. Leave the item blank if the value is unknown or not applicable. Full-Time - employees whose regularly scheduled work week is 40 hours or more. Full Time Equivalent (FTE) = Number of Hours worked by part-time employees per week / 40 hours per week. For example, three Registered nurses, each working 20 hours a week, the FTE would be (3 x 20) / 40 = 1.5.															
	Do not enter zero. Blank fields will represent zero residents. Entering zero increases file size.															

Type of Employee Service	Type	Employee		Employee Pool / Consultant / Contract	
		Full-Time	Part-Time in FTE	Full-Time	Part-Time in FTE
	Administrator				
	Assistant Administrator				
	Physicians (M.D. or D.O.)				
	Registered Nurses				
	Licensed Practical Nurses				
	Certified Nurse Aides				
	Licensed Pharmacists				
	Dietary Managers				
	Registered Dieticians				
	Dietetic Technicians				
	Medical Social Workers				
	Social Workers				
	Registered Respiratory Therapists				
	Licensed Physical Therapists				
	Physical Therapists Asst. & Aides				
	Registered Occupational Therapists				
	Other Occupational Therapists Asst.				
	Recreational Therapists				
	Activity Coordinators				
	Medical Records Technicians				
	Maintenance				
	Housekeeping				
	Other Health				
	Other Non-Health				
	Total				

Nurses	Registered	Highest Education Level	Number Currently Employed	Number of Budgeted Vacancies	Average # of Weeks Required to Recruit Staff	Number Added in the Past 12 Months	Number Eliminated in the Past 12 Months	
							Clinical	Administrative
		Associate						
		Diploma						
		Bachelors						
		Masters						
		Doctorate						
		Total						

Nurses	Do not enter zero. Blank fields will represent zero residents. Entering zero increases file size.							
	Advanced Practice	Category	Number Currently Employed	Number of Budgeted Vacancies	Average # of Weeks Required to Recruit Staff	Number Added in the Past 12 Months	Number Eliminated in the Past 12 Months	
							Clinical	Administrative
		Nurse Practitioner						
		Clinical Nurse Specialist						
		Certified Registered Nurse Anesthetist						
		Total						

Nurses	Licensed Practical	Category	Number Currently Employed	Number of Budgeted Vacancies	Average # of Weeks Required to Recruit Staff	Number Added in the Past 12 Months	Number Eliminated in the Past 12 Months
		LPNs					
	Contract	Category	Number of Contract Personnel		Number Added in the Past 12 Months	Number Eliminated in the Past 12 Months	
		Registered Nurses					
		Licensed Practical Nurse					
		Certified Nurses Aides					
	Recruitment	Category	Number Currently Employed	Average Number of Weeks Required to Recruit Staff	Number Added in the Past 12 Months	Number Eliminated in the Past 12 Months	
		Registered Nurses					
		Licensed Practical Nurses					
		Certified Nurse Aides					
		(specify) Other:	Other1				
		Other:	Other2				
Nursing Schedules	Please indicate the number of nursing personnel on duty, on the premises and routinely serving the patients, on September 30 for each shift. DO NOT include personnel who are on call.						
	Three Shifts	Shift #1 (day)	Shift #2 (evening)	Shift #3 (night)	Total		
	Registered Nurses						
	Licensed Practical Nurses						
	Certified Nurse Aides						
	Total						
	Two Shifts	Shift #1 (day)	Shift #2 (evening)		Total		
	Registered Nurses						
	Licensed Practical Nurses						
	Certified Nurse Aides						
	Total						
Benefits	<input type="radio"/> Yes <input type="radio"/> No	401K Plan					
	<input type="radio"/> Yes <input type="radio"/> No	Retirement Plan					
	<input type="radio"/> Yes <input type="radio"/> No	Health Insurance					
Benefits	<input type="radio"/> Yes <input type="radio"/> No	Life Insurance					
	<input type="radio"/> Yes <input type="radio"/> No	Child Day Care Center for Employees					
	<input type="radio"/> Yes <input type="radio"/> No	Education					
	<input type="radio"/> Yes <input type="radio"/> No	Paid Holiday	If yes, how many holidays does the facility pay?:				
	<input type="radio"/> Yes <input type="radio"/> No	Paid Vacation					
	<input type="radio"/> Yes <input type="radio"/> No	Other (Specify)					
Schedule H-Financial Data							
Round to the nearest dollar. If you are reporting for less than 365 days, financial data should be presented for days reported only.							
Do not enter zero. Blank fields will represent zero. Entering zero increases file size.							
Reporting Period	<input type="radio"/> Yes <input type="radio"/> No	Is the financial data reporting period different from the Joint Annual Report statistical data reporting period entered on Schedule A?					

Reporting Period	If yes, the different reporting period is (Enter dates even if less than 12 months.)		Beginning Financial reporting period.			
			Ending Financial reporting period.			
Revenues	<p>Generally Accepted Accounting Principles require that accounting records be on the accrual basis. Under the accrual basis, revenues are recognized when realizable and earned. The assumption is that Adjustments to Revenue have a normal debit balance. The receipt of cash is not required for the recognition of revenues. Revenues and adjustments should be included for the reporting period only. Gross Patient Revenue is the full established rate charged to patients for services rendered during the accounting period. Adjustments to Revenue are classified as 1) contractual adjustments when the nursing home agrees through a contractual arrangement to accept less than 100% of the amount charged for patient services, 2) as bad debt when a patient who has the ability to pay refuses to pay the debt, and 3) as charity care when a patient does not have the ability to pay the debt. Do not include losses in adjustments. Revenues and adjustments that are not appropriately reported in any of the specific categories should be reported in the "other" category.</p> <p>Adjustments to revenue that decrease revenue should be entered as a positive number. Adjustments to revenue that increase revenue should be entered as a negative number.</p>					
	Source		Gross Patient Revenue	Adjustment to Revenue	Net Patient Revenue	
	Patient Revenues	Government Patient Revenue	Medicare			
			Medicaid/TennCare			
			Other Government			
			Total Government Revenue			
		Non-Government Patient Revenue	Self-Pay			
			Long-Term Care Insurance			
			Other Non-Government			
			Bad Debt (uncompensated care for which the facility directly billed the patient and for which the patient should reasonably be expected to pay)			
			Charity Care (services provided to medically needy persons for which the facility did not expect payment)			
			Total Non-Government			
	Total Patient Revenues					
	Non-Patient Revenue					
	Total Revenues					
Expenses (exclude depreciation)	<p>Expenses are recognized when assets are used in the production of revenue. The disbursement of cash is not required for the recognition of expenses.</p>				Amount	
	Payroll (for full-time and part-time personnel included in Schedule G)					
	Benefits (social security, group insurance, retirement benefits, etc.)					
	Other Operating (contract staff, professional fees, energy expense, etc.)					
	Non-Operating (interest, taxes, real estate lease expenses, etc.)					
	Total Expenses					
Capital Assets	<p>Report capital assets recorded on the balance sheet at the end of the reporting period. Capital assets are property, buildings and equipment. Include the actual or estimated value of the plant and/or equipment that is leased. Record the estimated fair market and net book value.</p>					
		Cost	Depreciation		Net Book Value (cost minus accumulated)	Fair Market Value
			Annual	Accumulated		
	Building & Equipment					
	All Other					
	Total Capital Assets					
	<p>Please indicate your daily charge for each category. The daily charge should be based on charges for all services not just the room and board charge. Levels of care (Level I and Level II): The intensity of care provided to nursing home patients depends on their medical needs. Most patients need a less intensive level of care that the Medicaid program calls Level I (formerly called intermediate care), while others need a more intensive level called Level II or skilled nursing care. The cost of Level II care is higher than that of Level I, both to private pay patients and to the Medicaid program. The Medicare program does not cover Level I care and covers skilled care only in certain circumstances and in certified facilities. (7)</p>					

Daily Charge	Type		Daily Charge on 12/31/2005 (or on last day of reporting period)
	Federal	<input type="radio"/> Yes <input type="radio"/> No	Medicare/Skilled Care (Average Daily Charge)
<input type="radio"/> Yes <input type="radio"/> No		Medicaid/TennCare Level II	
<input type="radio"/> Yes <input type="radio"/> No		Medicaid/TennCare Level I	
Private Pay	<input type="radio"/> Yes <input type="radio"/> No	Private Level II (one resident per room)	
	<input type="radio"/> Yes <input type="radio"/> No	Private Level I (one resident per room)	
	<input type="radio"/> Yes <input type="radio"/> No	Semi Private Level II (two residents per room)	
	<input type="radio"/> Yes <input type="radio"/> No	Semi Private Level I (two residents per room)	
	<input type="radio"/> Yes <input type="radio"/> No	Ward Level II (more that two residents per room)	
	<input type="radio"/> Yes <input type="radio"/> No	Ward Level I (more that two residents per room)	